KANSAS MEDICAL JOURNAL.

VOL. VI. TOPEKA, KANSAS, SATURDAY, MAY 5, 1894. No. 18.

ORIGINAL ARTICLES.

For What Are We Indebted to Brown-Sequard?

Read before the East Kansas Medical Society by

B. D. EASTMAN, M. D.,

Late Superintendent State Asylum for the Insane, Clinical Lecturer on Mental Diseases, Kansas Medical College.

Editors, taking time by the forelock, compile biographies of noted men with histories of their achievements while they are yet living, and file these documents in convenient pigeon-holes for immediate use upon decease of the subject. When suddenly called upon to give a *post mortem* account of a distinguished individual, politician, soldier, divine, or scientist, he has all the requisite data at hand and needs only to draw it from his files and add a few words regarding life's closing hours.

Had I been the fortunate possessor of such a pigeon-hole well stocked when asked by our secretary to prepare a paper upon "What We Owe to Brown-Sequard," my task had been vastly lighter and the results much more satisfactory. Not having access to a reference library, this imperfect and inadequate sketch of the obligations of the medical world to the distinguished neurologist has been prepared under many difficulties, and consists mainly of compilations from such sources as I command.

C. Edouard Brown-Sequard was born April 8, 1817, in the island of Mauritius, situated in the Indian Ocean, and died April 2, 1894. He was the son of Edward Brown, of Philadelphia, and a French lady named Sequard, and took the name Brown-Sequard in accordance with French custom. He commenced the study of medicine in this country, but graduated in Paris in 1840. He at once devoted himself to original investigations and experiments on the blood, animal heat, the properties and functions of the spinal cord, etc. These researches were of the utmost value and have, perhaps, thrown more light upon the physiology and diseases of the nervous system than those of any other observer. Even though some of his theories and conclusions have been superseded, they were necessary rounds in the ladder of progress. Much of his work was done in this country. He was physician to a London hospital for paralytics and epileptics for many years, but in 1864 was appointed professor of physiology and pathology of the nervous system at Harvard, which place he held for four years. In 1869 he was appointed professor in the School of Medicine in Paris. He vacated the professorship in 1871, and in 1873 established himself in New York as a practitioner and became connected with Bellevue Hospital Medical College. He returned to Paris in 1878, succeeding Claud Bevuard in the chair of experimental medicine in the Medical College of France. He received five prizes from the French Academy, twice he was awarded the Queen's grant for the encouragement of science from the British Royal Society, and in 1881 was awarded the Boly Medal from the Royal College of Surgeons, London.

In 1852 Brown-Sequard studied the sympathetic system of nerves. It was shown by experiment that the division of the sympathetic nerve upon one side of the neck in rabbits was followed by elevation of temperature of the corresponding ear and side

of the head. He attributed this elevation of temperature directly to an increase in the supply of blood to the parts affected. He thus made an important advance in our knowledge of the functions of the sympathetic nerve by demonstrating that section thereof paralyzed the muscular coat of the arteries of the same side, and that Fanadization of the nerve in the neck caused contraction of the vessels. This was the discovery and demonstration of the vaso-motor nerves—most important and far reaching in its bearing upon the functions of the nerves and vessels. Upon this discovery all subsequent physiologists and neurologists have builded. The honor of this discovery without question belongs to Brown-Sequard. He also developed the very important point that the sympathetic system influences the general process of nutrition, and that many of its filaments are distributed to the muscular coat of the blood vessels. He further elucidated and established the principle of reflex vaso-motor phenomena—the most important physiological function of the vaso-motor system of nerves controlling the processes of organic life. He demonstrated that these nerves control the blood supply and temperature of different parts and organs, and regulates the local circulation in accordance with impressions made upon sensory nerves; the physiological requirements of certain parts, mental emotions, etc. The importance of these discoveries have been fully appreciated by the medical profession.

The durability of the mind, or, properly speaking, durability of the brain function, had been conjectured by Wigan both upon theoretical considerations and from the general division of the brain into hemispheres. But Brown-Sequard was the one who proved this to be the case. This was one of the most important discoveries ever made in regard to mental operations and has stood the test of time.

Brown-Sequard made many varied and important experiments and investigations touching the physiology and pathology of the spinal cord, and supplemented these by clinical studies of great acumen and perspicuity. It is impossible to more than glance at a few of his discoveries in this direction, but I may premise that much of his work lies at the foundation of the science of neurology. He discovered that hyperemia or hemorrhage of the pleura or lungs follows injuries of the crura cerebri and cerebelli or the pons; that hemorrhage into the upper part of the pons near the the crus cerebri causes opposite paralysis of both face and extremities. He made the remarkable discovery, and studied it with the greatest thoroughness, that in Guinea pigs and other mammalia epilepsy appears in a few weeks after unilateral section of the lumbar or dorsal cord. His extremely interesting experiments demonstrate a fact which has since received confirmation from other sources, namely, that after unilateral injury of the cord, a diseased condition soon develops which presents an unmistakable likeness to epilepsy. His studies of epilepsy and his experiments connected therewith, covered a period of 25 years, showed a masterful knowledge of its clinical history and became foundation stones in the pathology and treatment of this appalling disorder. He amplified the therepy of this disease and called especial attention to the particular tendency of ergot to the vessels of the spinal cord and to the action of atropia upon the same structure.

He showed that the paths for the muscular sense lie in the anterior roots of the cord, that the conduction of sensory impression decussate in the cord soon after the root fibres enter it, being the first one who asserted with positiveness that the sensory fibres decussated in the spinal cord, and he thereupon demonstrated that section of one-half of the cord produced a peculiar group of symptoms, the chief characteristic of which consists in the crossed sensory and motor paralysis. This is known as Brown-Sequard paralysis. He thoroughly studied this disease by experiments upon lower animals as well as by careful clinical observations upon the human subject. He established beyond a doubt the frequent occurrence of this kind of paralysis, and by his studies and experiments he created the pathology of unilateral lesions.

The researches of Brown-Sequard in con-

nection with many others too numerous to mention paved the way for rapid development of the pathology of the spinal cord, which about the beginning of the '70's began to make rapid progress under the influence of improved methods of physiological and histological investigation. In this accelerated development the subject of myelitis played an important part, and the work done by Brown-Sequard touching this disease deserves to be especially exalted.

One of the most important suggestions for which we are practically indebted to Brown-Sequard is the hypodermatic injection of animal juices and extracts for the cure of disease. Although when he proposed in 1889 the hypodermatic injection of testicular juice, Brown-Sequard supposed himself the pioneer in this direction, he afterwards discovered he was in error and gave Bouchard the credit of the original suggestion of hypodermatic injections of animal juices as remedial agents. Bouchard first tried to graft the thyroid gland of other animals upon dogs deprived of their thyroid gland, and after performing this successfully he had the idea of injecting thyroid juice in the case of a female patient afflicted with myxœdema. This was in 1887, but was barren of results as the experiment was not concluded. Bouchard communicated his idea to several colleagues, but it did not attract much attention; in fact, it was practically ignored.

Without knowing of these experiments of Bouchard, Brown-Sequard, in 1889, proposed the hypodermatic injection of testicular juice as a reviver of vitality. It is very probable that this novel method of using a well-known "Elixir of Life," which drew much sarcasm upon its author, accounts for the notoriety which his announcement rapidly gained and gave impetus to the fundamental underlying idea. Again, in 1891, in association with d'Arsonval, Brown-Sequard, still in ignorance of the dormant and fruitless suggestions of Bouchard, proposed the hypodermatic injection of different animal juices in case of defective action and disease of the corresponding human organs. It is without the scope of this paper to follow the history and technique of the hypodermatic injection of animal juices. The idea was taken up and rapidly developed by various operators. Indeed, I am quite willing to admit that the procedure has received unmerited praise and undeserved ridicule, and that it has been used and abused by charlatans. Nevertheless much benefit has resulted from the various ramifications of the original idea. Even if all else prove futile, the cure of myxœdema by thyroid juice or the administration of prepared thyroid gland, an outgrowth of the original idea, stands out as one of those inspirations which have brought fame to the discoverer and hope to the hopeless.

By way of recapitulation it appears we are indebted to Brown-Sequard for

1. The discovery of the function of the vaso-motor nerves.

2. The discovery of the vaso-motor reflexes.

3. The proof of the duality of mind.

4. Laying the foundation of the present physiology and pathology of the spinal cord.

5. Important advances in the pathology and therepy of epilepsy and other neuroses.

6. The impetus which he gave to the principle of using animal juices and organs as remedial agents.

Or, to sum it up in a single sentence: We are indebted to Brown-Sequard for original experimental and clinical investigations which laid the foundation for our present physiological and pathological knowledge of the nervous system, and for the impetus which he gave to the therapeutic use of animal juice and organs.

Infantile Mortality.

Exchange.

One tenth of all the children born die before they are a month old; almost one in six die before the completion of the nursing period. Of the deaths those caused by some error of digestion or nutrition about equal those from all other sources combined.

Kansas Medical Journal.

PUBLISHED WEEKLY.

SUBSCRIPTION PRICE, INCLUDING POSTAGE:

Per annum, in advance..... $1 00
Single copies..... 15 cents

Subscription may begin at any time. The safest mode of remittance is by bank check or postal money order drawn to the order of the undersigned. When neither is accessible, remittances may be made at the risk of the publishers by forwarding in Registered Letter. Address

KANSAS MEDICAL JOURNAL,
723 Kansas Avenue.

W. E. McVEY, B.S., M.D., Managing Editor.

Collaborators:
J. E. MINNEY, A.M., M.D., Topeka, Kas.
S. G. STEWART, M.D., Topeka, Kas.
J. C. McCLINTOCK, A.M., M.D., Topeka, Kas.
M. B. WARD, A.M., M.D., Topeka, Kas.

Topeka, Kansas, Saturday, May 5, 1894.

To the Profession.

About five years ago I was elected editor-in-chief of THE KANSAS MEDICAL JOURNAL; Dr. W. E. McVey was elected publisher and business manager. Soon after the JOURNAL was born the Kansas Medical College was brought into existence and through the kindness of the faculty I was elected dean. No one can appreciate the honor more than I have and at the same time feel their incompetency to do the work required in each position. Owing to the increase in the school work and my own business, and realizing that either is work enough for one man and more than I am qualified to do, that it is my duty to remove my name from the JOURNAL as editor-in-chief and ask Dr. W. E. McVey to occupy my place until the directors of the JOURNAL may otherwise direct. Dr. McVey, as is well known, is financially responsible for its publication, and I feel that he should have complete charge in every way. When the financial condition of the country is taken into account the JOURNAL from that standpoint has been successful, and its circulation is gradually increasing. In addition to this the doctor has done a great part of the editorial work of the JOURNAL from the beginning, and I feel that he is entirely qualified for the position. If such was not the case, and having the interests of the JOURNAL at heart, with all my weakness I should continue. I will contribute regularly to the JOURNAL, and feeling safe under the young pilot, and hoping that every reader and contributor and subscriber to the JOURNAL may be successful and happy in this life and reap their meritorious reward in that borne from whence no traveler returns, as editor-in-chief of THE KANSAS MEDICAL JOURNAL I bid you all adieu and introduce to you my successor, Dr. William E. McVey.

J. E. MINNEY A.M., M.D.

Our New Plan.

With the change in the editorial staff of the JOURNAL we wish to suggest some further developments which may be of interest. To divide up the JOURNAL among several departments seems hardly feasible, and yet it has seemed that each department of medicine should be given more particular notice; we have therefore arranged our editorial staff to meet the requirements of the various departments. As occasion demands and the material accumulates in one department, an entire number of the JOURNAL will be given to that, so that you may find an occasional number devoted to surgery, another to gynecology, another to pathology, and so on. This plan will, we believe, best suit the taste of our readers and at the same time facilitate the work of the editor.

"Irregularities Prevented."

Through the kindness of a friend we are in possession of a box of capsules sold to the unsuspecting, gullible public as "antiseptic capsules" at the insignificant price of $3 per box. Accompanying the box we find the following scientific explanation of the properties of these "known as antiseptic capsules":

"Nascent Phenolic Antiseptic, known as Antiseptic Capsules—Germicidal or Antiseptic Treatment.—This may indeed be called the 'Germ Age,' in view of the fact that all scientific medical research has been along the line of new germ discoveries, until their names are legion and their individual characteristics innumerable. We believe it to be an uncontrovertible fact that specific disease germs exist in all functional, as well as in all morbid pathological conditions. Accepting this to be true, and basing our opinion on a large and extensive observation with germs and germicides, we feel safe in making the assertion that no germicide has yet been discovered that in the hands of the medical profession has proved so efficient and effective as Nascent-Phenolic (Antiseptic Capsule), it being an absolute germ destroyer.

"The Antiseptic Capsules act as a specific in all cases requiring a germ destroyer. No matter what the character of the germ may be, its location, or in what numbers they exist, this agent immediately destroys them, and changes the conditions favorable to their existence and multiplication.

"The capsules are applicable to a class of diseases resulting in offensive exudations and discharges, completely disinfecting and destroying all bacteria, micro-organisms, or germs of whatsoever kind.

. . . . . .

"Properly used, it will prevent all menstrual irregularities. Directions for use in such instances can be had upon application.

"Prices (prepaid), per box, 36 treatments, $3. Send 12 cents in stamps for a sample box.

"We send medicine by express C.O.D., or by mail if money accompanies order.

"Address, Western Agents, Antiseptic Chemical Co., 607 Buchanan street, Topeka, Kansas, U. S. A."

After such a scientific expounding of the germ theory it could hardly be supposed that the would-not-be mothers would turn a deaf ear to the enticing prospects in the following:

"Directions to prevent irregularities.—Take one of the large and one of the small capsules; when necessary, insert high in vagina and push with the finger as far as possible, or against the mouth of the womb. Leave them there, and in from eight to ten minutes these capsules will disintegrate and a gas be formed which will be noticeable by little globules of the same passing down and escaping, and an increase of warmth. After this effect is noticeable, from that time for thirty minutes anyone is perfectly safe in performing any duties they please, as gentle exercise, such as would be necessary in performing domestic duties, would in no way affect the efficacy of the remedy. Follow the same directions as often between menstrual period as the necessities of the case demand, and there need be no anxiety as to irregularities."

If there is any business in the world which deserves the condemnation of honorable people and the interference of the law, it is that business which satiates its greed upon the versatile whims of pregnant women. We hope there may be a law sufficiently expansive to cover the necessities of such cases as this.

Osage County Medical Society.

The Osage County Medical Society was organized Friday, April 27, at Burlingame, with the following officers:

President, Dr. J. I. Sweezy, Lyndon.

Vice-President, Dr. James Haller, Burlingame.

Secretary, Dr. A. L. Stubbs, Burlingame.

Treasurer, Dr. — Artz, Osage City.

Meetings will be held the third Friday in January, April, July, and October. The next meeting will be held in Lyndon.

Papers on "Rotheln," "Diphtheria," "Neurasthenia," and "Surgery," will be read.

Drs. Sweezy and Artz were appointed a committee to attend the Physicians' Convention in Topeka.

W. S. PICKARD, M.D.,
Secretary pro tem.

Prevention of Tuberculosis.

A great deal is being said at the present time about legislation for the prevention of tuberculosis. It is a question how far legislative enactments can interfere with the habits of the people. The people must be educated up to the appreciation of the contagious nature of the disease before they will respect or tolerate laws for its prevention which restrict their individual liberties. Much can be done toward both the prevention and the cure of tuberculosis by the establishment of hospitals for the isolation of consumptives. Let the afflicted and their friends once understand that with a properly managed hospital and complete isolation of the cases the possibilities of recovery become almost probabilities, and their cooperation is secured. It is a well recognized fact that auto infection is one of the factors in the fatal tendency to tubercular phthisis. With careful antisepsis of the patient and his surroundings, constant attention to the nutrition of the patient, and a supervision which can only be obtained by some such plan, the death rate in these cases would, we believe, be greatly diminished. The diet of a tubercular patient is one of the most important and yet one of the most difficult things we have to manage. If it can be properly managed and the nutrition of the patient improved, a long point has been gained in the final results.

Since the conditions of these cases are not all directly dependent upon a specific cause, we can hardly hope for a specific cure. We venture the assertion that no single remedy will ever be found that will cure a majority of these cases. There is a great deal to be gained by the judicious use of antiseptics and germicides; but in addition to these those remedies which aid digestion, increase the power of assimilation and elimination, are just as important.

Cough must be controlled and high temperature must be reduced. All conditions which tend to lessen the vitality of the patient must be removed. When we have gained these points in a majority of cases we can give a favorable prognosis. One great reason for our failure to cure this worst of all diseases is the lack of proper surroundings and proper management.

The Quack Exodus.

The time for taking in of signs, hurried farewells and sudden departures among the feathered fraternity seems to be at hand.

Since the war was inaugurated by Dr. Dykes there has been considerable uneasiness in the ranks of the unqualified. The wiser ones have concluded that some other business would be more congenial to their state of health. Some not so wise still attempt to evade the vigilance of our health officers, and will never appreciate the fact that the present law can be enforced till they are lodged behind an iron door. Our state has been infested long enough with these long-haired, long-fingered jackals, and we hope the war will continue till they have to hunt their holes. If people who claim to cure patients a thousand miles distant, and who do not use medicine; who make specialties of female diseases, and remove tumors, cancers, and everything else, and pretend to carry letters from all the leading physicians from all the states in the union; if such people are not frauds and swindlers, where can we draw the line?

Physicians Cannot Testify.

From the Journal American Medical Association.

The policy of the law is to make the relation of physician and patient confidential and sacred. Only the patient himself, or, in case of his death, his legal representative, may waive the seal of secrecy and confidence. Thus holds the Supreme Court of Indiana, in the case of Gurley *vs.* Park, decided November 23, 1893. The application given to this doctrine here is to the effect that in a case where there is no legal repre-

sentative, as administrator or executor of a deceased person to make waiver, the physician who attended her cannot testify in an action to set aside her will as to her mental condition at the time she made the will, he being present in a professional capacity. The law, this court says, forbids the physician from disclosing what he learns in the sick room, no matter by what method he acquires his knowledge.

Compound Solution Bromide of Gold and Arsenic.

Carl F. Bachman, Jr., Ph.G., in Pittsburg Medical Review.

"Arseno-Auro," the socalled new remedy, lately so much lauded as a cure for many of the diseases which flesh is heir to, especially those of nervous origin, has been prepared by the writer in the following manner:

To make gold bromide, dissolve 83.2 grains of metalic gold, 24 carat fine, in two ounces of a mixture of nitric acid one part, hydrochloric acid three parts; after perfect solution has taken place, evaporate to dryness—the so-formed salt is auric chloride. This is redissolved in four ounces of distilled water, and 140 grains of bromide of ammonium dissolved in two ounces of distilled water are slowly added; this forms by fermentation bromide of gold and chloride of ammonium. This solution of the two salts is then repeatedly agitated with ether until the aqueous layer is decolorized. Then carefully separate the ethereal layer, which contains the bromide of gold by means of a separating funnel; after so doing, agitate the ethereal solution with fused calcium chloride to remove all traces of water. Then drive off the ether by the action of heat. Pure bromide of gold remains. Dissolve this in 16 ounces of water and set aside for further use.

Dissolve 195 grains arsenious acid in 16 ounces of water by boiling for one hour; let the solution cool, and then add four drachms of bromine. Let stand for 24 hours, and then drive off the excess of bromine by boiling the solution until clear.

Mix this solution with the solution of bromide of gold, and add water enough to make 128 ounces or one gallon. *Employ nothing but china or glass utensils.* The solution is of a clear, red wine color, slight odor and slightly acid, styptic, metalic taste; readily miscible with water, alcohol and glycerin; it is incompatible with alkalies, alkaline carbonates, metalic salts and alkaloids, and contains, in aqueous solution, auric tribromide, hydrobromic acid, and oxybromide of arsenic (not tribromide of arsenic, as erroneously stated on the labels of the proprietary preparations). At first the solution also contained chloride of ammonium, and as this was thought to rather aid its action, being a mild, hepatic stimulant, no pains were taken to remove it. Now it is removed by the use of ether as above stated. The solution keeps well and remains unaffected by ordinary diffused light, but under concentrated light or sunlight may decompose, as most bromides do. The dose is 5 to 10 drops, diluted, three times a day. Ten drops contain 1-32 grain of tribromide of gold and 1-16 grain of oxybromide of arsenic.

This somewhat ancient remedy was again brought to notice in the early part of 1893. It was at that time prepared by the writer according to the above formula, which has been until now private. With the writer's permission it was used by some local physicians until October of that year. Since then different solutions under different names and by different inventors (?) have entered the market, and it is therefore deemed advisable to publish this formula for the benefit of an honest and honorable profession.

ARTICHOKES are good for rheumatism and hearty jokes are good for dyspepsia.

"WHAT is the action of disinfectants?" was asked of a medical student. "They smell so bad that people open the door and fresh air gets in," was the reply.

What Shall the New Law Be?

It has been suggested that we have introduced in the next Legislature a bill similar to the Illinois law. We believe such a law can be passed as easily as any other if we go into it in the right way. Of course this matter must be decided at the convention May 15, but it would be well to have some suggestions as to what kind of a law is most needed and desired.

The Kansas Medical Journal.

Medical Sentinel.

This periodical, so well known in the West, has branched out into a full fledged weekly. That there is a field for the Kansas weekly is demonstrated by its existence. Its editor, Dr. J. E. Minney, and publisher, Dr. W. E. McVey, have had time to know what the doctors of the Middle West need in a medical way, and it is certain that THE KANSAS MEDICAL JOURNAL will remain, under its new form, a success.

Hyperidrosis Pedum.

The following is the formula given by Dr. Brocq:

℞

Napthol	parts 5
Glycerine	" 10
Alcohol	" 100

M.

Sig. Apply to the feet twice a day.

After which a powder composed as follows is placed between the toes:

℞

Napthol	parts 2
Amyli tritic	" 180

THEY seem to be after the quacks in Texas too. Recently a traveling feathered phenomenon was arrested in Austin and fined $50 and costs.

The Use of Purgatives in the Treatment of Typhoid Fever.

Beverly Robinson, M.D., in Medical Record.

To the Editor of the Medical Record—SIR: In regard to the use of purgatives in typhoid fever, I would refer to some facts which are a matter of history.

This means of treatment was in use long before Delarroque published his experience with it.

Indeed, he recognizes himself that he took his idea from writers of a previous period, and principally from Stoll. But as Valleix (*Guide du Medecin Praticien*, vol. i., p. 24) says, "If we can draw from these writings like inspiration, we cannot feel authorized, from statements they make or which are there indicated, to judge of the efficacy of remedies." The reason of this is evidently based on the fact that the diagnosis of typhoid fever was not at that time clearly determined. It was Beau who first published the results obtained by Delarroque with the use of purgatives, at the Necker Hospital in Paris, where the mortality was 10 per cent. Later Delarroque published the same facts, (*Bull. de l'Acad. de Med.*, Paris, 1837, t. i., p. 492,) and in 1847 his work on typhoid fever appeared, which was evidently destined to show that the fever is due to alteration of the bile, and that the method by free evacuation of the bowels has a manifest superiority over every other form of treatment. Andral, also, made free use of purgatives in the treatment of typhoid fever, and had a somewhat larger mortality than Delarroque.

The observations of Louis and Barth go to show that the action of purgatives is not injurious in typhoid fever, and that very probably they have a beneficial effect upon the issue of the disease, although the malady did not appear to be shortened by their use. The purgatives employed by the authors cited, were seidlitz water, castor oil, and calomel. "One of these purgatives must be given every day; and if they are alternated, it is done merely so as not to fatigue the patients, for the essential matter

is to purge." It has been said that the use of purgatives in typhoid fever occasioned intestinal hemorrhage. It is probable when hemorrhage took place, it was a mere coincidence. In the large number of typhoid patients formerly treated with purgatives, intestinal hemorrhage rarely occurred. Not only is this true, but it is also occasionally true that intestinal hemorrhage seems to be really brought on by the constipation from which the patient suffers. As an instance of this, I would offer the following case:

S. M——, 28 years of age, married, English, housewife, entered my service at St. Luke's Hospital on December 30, 1893. At that time she had all the usual symptoms of typhoid fever at the eighth day of the disease. Tub-bath treatment was immediately begun. Patient progressed favorably until the seventeenth day of the disease. On that day patient was comfortable. In the afternoon she had a large, light-colored, constipated stool, which was accompanied with the loss of two ounces of fluid red blood. Five minims of Magendie's solution were administered hypodermically, the ice-coil applied over the abdomen, and the tub-baths discontinued. The hemorrhage did not recur, and there were no subjective symptoms from the one referred to. The following day I ordered the following laxative: Mass. hydrarg., gr. j.; syrupi rhei aromat., and olei ricini, aa ℥ j. This dose was followed by four large formed stools, without any hemorrhage. Patient was feeling very comfortable. Four days later another laxative dose was given with good results, and in view of a tendency to constipation; subsequently, patient progressed toward recovery and is now rapidly convalescing.

I am confident, in this case, that the constipated condition of the bowels was the immediate cause of the slight intestinal hemorrhage. Not to have administered a laxative would have been bad practice, and would probably have led to recurrence of more abundant hemorrhage. I may add that I have frequently known fever to continue in typhoid fever, especially toward its terminal period, and not to disappear, despite other treatment, until laxatives have been repeatedly taken.

"The most important indication, in case of intestinal hemorrhage," writes Liebermeister (*Cyclopædia of the Practice of Medicine*, vol. i., p. 225), "is to limit the movement of the bowels, as far as possible, and therefore the main remedy employed is opium in small doses." In instances similar to the one of which I have just given a short abstract, treatment with opium would have increased the difficulty, and thus, no doubt, brought on another and more severe loss of blood from the bowel. Of course, one should always bear in mind in such cases, "that the quantity of blood which appears in the stools is by no means a reliable measure of that actually lost, as more blood frequently remains in the intestines than appears externally" (*American System of Medicine*, vol. i., p. 332).

Still, the rapid fall of temperature, feebleness of pulse, extreme prostration, and sudden pallor, will usually indicate its severity, and may be regarded as a guide to the danger of giving laxatives.

Baglini's advice, now two centuries old, of avoiding the use of active cathartics in the treatment of typhoid fever, should not be invariably followed, not even when there is slight or moderate intestinal hemorrhage. It is for the physician to weigh carefully the accompanying conditions, and act in accord with sound judgment when it is a question of active interference. The treatment by an occasional purgative, by intestinal antisepsis, and by the free use of water by the mouth, has been considered eminently rational by the writer in many cases of typhoid fever. The attention of my house staff at St. Luke's Hospital has been directed to it on several occasions during the past and former winters. Although this statement is made, I am willing to add that I now advocate, as a wise supplementary method in many instances, the treatment with cold baths. It is just and broad-minded, however, not to ignore the experience of the past, and to give due credit and recognition to those who have preceded us in our work.

Diseases of Women.

A text-book by HENRY J. GARRIGUES, A.M., M.D., New York. Pub. by W. B. Saunders, Philadelphia.

Prof. Garrigues says that his aim has been to write a practical work, and one that the readers' time need not be taken up by theoretical discussions. This excellent treatise deals in the most practical manner with the etiology, symptoms, prognosis and treatment of the diseases peculiar to women. It has not been my pleasure to have ever perused a more thoroughly practical text-book.

The chapter on the anatomy of the female pelvic organs is very complete, and in most respects very plain.

The chapter on "Climacteric" is especially replete with common-sense suggestions regarding the conditions that accompany this epoch.

Part *Fourth* is dedicated to "Etiology in General." Some of the thoughts expressed therein are so in unison with my experience, that I cannot resist the temptation of quoting from his own words: "Education has great influence in the development of gynecological diseases. Too great assiduity in study in early youth concentrates the nerve-energy of the brain, and deprives the uterus and ovaries of their share at a time when these organs are undergoing an enormous development, and preparing for the important functions of womanhood and motherhood. Too great interest in the practice of *music*, by its profound effect on the emotions and the constantly repeated physical thrill in the nerves, is particularly dangerous.

"Everything that causes active or passive *hyperemia of the pelvic organs* is a source of disease. In this category belongs sexual excitement brought on by reading prurient novels; by looking at obscene pictures; by seeing representations on the stage that aim at the exposure of so much of the body as existing laws and public opinion will permit; by masturbation, sapphism (the same as tribadism), sodomy, and even normal coition, if performed too violently.

"The *neglect of the skin*, by which a chief emunctory is nearly blocked up, is hardly found in the better classes in this country, but is exceedingly common among the poorer women, especially immigrants, of certain nationalities.

"*Insufficient exercise and lack of open air* are a frequent cause of disease, and favor the stagnation of blood in the pelvis; but in this respect, as also in regard to food, a great change has taken place in the higher classes during the last decade. The ideal of the American girl is no longer to be thin and pale. The young men having taken an ever-increasing interest in athletics and all sorts of sports, most of which are cultivated in the open air, the girls do not want to stay behind. The dull croquet has speedily been followed by the lively tennis; muscular strength is developed by swimming, riding, fencing, skating, and ballet-dancing; and now the girls begin even to have gymnasiums of their own, where every part of the body may be developed by proper adapted exercise.

"In regard to *food* there is also great improvement, but it is too often necessary to inculcate the importance of taking a proper amount of good, wholesome nutriment. Many girls have a loathing for food in the morning, and will, if allowed to do so, go to school with an empty stomach, and let their brain work for hours before they take any substantial food. A very bad habit that spoils the appetite, causes a sour stomach, and in consequence impoverishes the blood and gives rise to nervous troubles, is the immoderate use of candy, which among women and children corresponds to alcoholic beverages and tobacco in men.

"A fruitful source of disease among women is the *lack of attention to the excretions*. The vast majority of gynecological patients suffer from constipation. They will go for days—nay, sometimes a whole week—without a movement of the bowels.

"The mode of *dressing*, although changing under the varying caprices of fashion, is always fundamentally wrong and conducive to disease. The "decollete" evening dress and the bell-shaped nether garments drive the blood from the periphery to the

pelvis. The lower part of the abdomen is generally insufficiently protected from the cold air and blasts of wind, which become particularly dangerous to women who skate. High heels, when worn at an early age, while all articulations are yet subject to change in the articulation of the pelvis and the normal curvature of the back.

"*Neglect during menstruation* seems to be a fruitful source of female complaints. Women not only move about, but dance and skate, at a time when a process is going on that is so easily turned in an abnormal direction.

"If married life has its dangers, *celibacy* does not offer entire protection. Especially is the liability to the formation of fibromas of the uterus greater in unmarried and nulliparous women than those who have borne children, as if the uterus, deprived of the function of bnilding up a new being, were more liable to use the material for the formation of a tumor."

The author recommends *clitoridectomy* as a simple operation, and indicated in cases of persistent masturbation when other means do not afford relief.

I cannot agree with the author regarding his treatment of acute metritis so far as concerns "ice bags or ice water coils applied over the symphysis." The rest in bed and douches of hot water and hot external application would be preferable under every circumstance.

The author speaks of curettment in most too mild a manner. My experience in the treatment of metritis by the use of curette, dillitation of the cervix and thorough irrigation of the endometrium, leads me to urge that this method should be employed before chronic symptoms set in.

The author expresses himself emphatically that "Trachelorrhaphy for lacerated cervix affords wonderful relief in most cases. The uterus diminishes in size, the nervous phenomena disappear and patients grow fat, a new period full of comfort and blooming health follows in the course of a few months, and very often conception puts an end to sterility."

The author's observations of anti-flexion corroborates my views in every respect. "I have never seen an antiflexed womb become straight, but the symptoms may disappear and the patient feel well. Irreducible cases have been treated with operations which are never free from danger nor sure to cure." The best method of treatment for obstinate cases of anti-flexion is to grasp the cervix with the volsella, draw the uterus as near the vulva as possible, then by the use of a Goodell or some other good instrument, dilate the cervix thoroughly and at the same time endeavor to place the uterus in a normal position. This method is mentioned by the author, but not as highly recommended as my experience leads me to suggest.

The author again expresses my experience under the head of *Retro-flexions*. "In a majority of cases more or less dangerous operations are necessary in order to procure relief."

The description of the *Alexander* operation is well worth the price of the book to any one who wishes to perform this operation for retro-displacements of the uterus.

The author's statement "That the majority of fibromas can give rise to no symptoms and are harmless," is in my judgment misleading. It is true that fibromata are sometimes apparently harmless, but to say that a majority of these tumors are harmless is a statement that clinical experience will not sustain.

I also take exceptions to the statement that "After the menopause their development is as a rule arrested." If the author's experience is that the menopause stops the growth of a majority of the fibromata, I am obliged to confess that he has had more favorable experience in this line of research than many other pathologists.

Referring to the mortality, the result of operations for fibroids, the author has referred back to a history of early operative procedure, in order, apparently, to impress the mind of the student that hysterectomies should not be done until all other means have failed. I cannot quite understand why we should be held responsible now for the surgery done twenty years ago. The death - rate from hysterectomies

must of necessity depend largely upon the condition of the patient at the time of the operation, and we cannot expect to have favorable results if we carry out the teachings of the author, by postponing the operation until we find that the patient must die without it.

Total exterpation of the uterus for sarcoma is recommended by the author as the best treatment. This statement has the ring of surgical progress.

The chapter on the "Diagnosis of Carcinoma of the Cervix," covers the ground satisfactorily.

The author's unfavorable opinion of the results of vaginal hysterectomy do not coincide with the experience of many other prominent authors.

The author's "*Carative Treatment* of acute salpingitis by the use of hot bags on the lower part of the abdomen, does not meet my approval." Rest in bed and hot rectal injections and saline purgations as recommended by the author will give marked relief.

The author has not had any experience in the treatment of acute salgingitis by curetting the uterus, but in my judgment this is one of the most effectual methods of combating the disease.

The author's comments on Salpingo-oophorectomy, have my approval.

The suggestions regarding the treatment of prolapsed ovaries by the use of pessaries relieve the condition, but were I the patient I should prefer to suffer from a prolapsed ovary rather than from any form of a vaginal pessary.

"*Prognosis of Chronic Oophoritis*" is stated by the author to be a "Condition that rarely leads to death, although it may do so when an abcess forms and ruptures. On the other hand it rarely end in perfect recovery. It is at best a very tedious disease, causing much pain for months or years, and it may even affect the mental condition, making the patient irritable, despondent, epileptic, and weak-minded."

The author suggests by the way of treatment that even when "Laparotomy is performed the ovaries need not always be removed, but may be incised, diseased parts cut away, cysts enucleated, and the wound closed again with a continuous suture of catgut; but if the ovaries are much diseased and if the tubes are in a bad condition, the appendages should be removed on one or both sides." The foregoing suggestions meet every indication.

The "*Differential diagnosis* of pelvic and abdominal tumors," as given us by the author, makes this work an indispensible aid to gynecologists. Under "*Prognosis* of ovarian cysts," the author states that a patient may live 20 years with an ovarian cyst, but in a vast majority of cases a speedy death awaits the woman affected with such a tumor. All those having a proliferating cystoma 60 to 70 per cent. die within three years, and 10 per cent. additional in the fourth year. M. B. W.

Examination of the Female Bladder.

Medical Age.

Dr. A. H. Kelly. of Johns Hopkins University, formulates a new method of examining the female bladder, permitting also of catheterization of the uterers. The uretha is dilated gradually to 10, 12 or 15 millimeters, as the case may be, the urine drawn off, and a speculum introduced to correspond in size to that of the last dilator employed. The patient's hips are elevated, when the bladder becomes distended by air pressure exactly as does the vagina in the Sims method. With a head mirror and light, every portion of the bladder may be inspected in turn by merely changing the direction of the speculum. By elevating the outside end and carrying the speculum to either side, the mouth of the uterer of the opposite side is brought into view, when it easily permits of the introduction of a small, long catheter. The orifices of the ureters appear as pits, or slits, of semilunar folds, with their covexity outward.

ONCE the man ate the cream; now they cremate the man.

Cautionary Facts.

Exchange.

1. Drugs by the rectum or vagina should be given in three (3) times the dose by the mouth.

2. Drugs by the hypodermic method should be given in one-sixth (⅙) the dose by the mouth.

3. Be cautious in giving atropia to flaxen-haired, light-complexioned, nervous women.

4. Be cautious of the use of morphia subcutaneously after opiates or morphia have been given by the mouth or rectum.

5. Chloral hydrate should be exhibited with great care.

6. Remember that children are especially susceptible to the narcotic action of opium and its alkaloids.

Massage for Incontinence of Urine.

Nouv. Arch. d'Obst. et de Gyn., Jan. 25, 1894.—From Archives of Gynecology.

Dr. Narich strongly commends his simplification of Brandt's massage for this troublesome affection. A number of successful cases are quoted, in several of which a single seance seems to have been all that was needed to affect a cure. The essence of the treatment lies in restoring the lost tonicity of the sphincter of the bladder, and accordingly in his latest cases the author limits the massage to the neck of the bladder. Further observations on this interesting subject are promised.

FL. EXT. EUCALYPTUS is a valuable remedy in whooping cough. When combined with ext. glycyrrhiza it is not unpleasant to take.

VALERIANATE of ether is claimed to be a specific in persistent hiccough.

Ascites From a Gynecological Point of View.

Prof. Litten, Berlin Medical Society, Feb. 14, 1894; Medical Week, Feb. 23, 1894.—From Archives of Gynecology.

The characteristic symptoms of ascites are the following: Special configuration of the abdomen, curvature of the line limiting the dullness of sound with the concavity turned upward, fluctuation, variability of the dullness according to the patient's position, dilation of the chest, projection of the umbilicus, separation of the rectus abdominis muscles, etc.

If the ascites is due to compression of the inferior vena cava there is œdema of the abdominal parietes and genital organs, pointing them to an affection of the respiratory or circulatory organs.

If, on the other hand, the ascites is the result of compression of the portal vein, the œdema mentioned above does not exist; but around the umbilicus is found a circle of dilated veins, known as the "head of Medusa." When these conditions exist they indicate an affection of the liver, kidneys, or peritoneum.

Generally it is supposed that, in a case of tuberculosis or carcinoma, the extravasation is sanguinolent; but that is only true in a small number of cases. Ordinarily the extravasation in tuberculosis or carcinoma of of the peritoneum is of a serious nature.

Fibrinous peritonitis, which is a far more frequent affection than is generally admitted, gives also rise to ascites. I remember having under my care a little girl, five years old, affected with ascites the cause of which could not be determined. The child was punctured eight different times, the ascites being continually reproduced; but at the present time her health is excellent.

Is it possible to confound ascites with other morbid processes? There is no doubt of that. Andree thought he had to do with ascitic extravasation in a case where the stomach was dilated to such an extent that it bulged out in the vagina. For my own part I have made a similar mistake in examining a woman at the point of death,

whose stomach was so much dilated that, by changing the patient's position, the same modifications were produced in the percussion sounds as are characteristic of an ascitic effusion.

There are also cases of intestinal distention which may be taken for ascites, an error committed by Frerichs.

Still more frequently there may be confusion between ascites and unilocular ovarian cysts. I recall having seen, in 1876, a woman who presented all the symptoms of ascites, although there was no perceptible cause for this disease. Schroder, who examined the same patient, also concluded that it was a case of ascites; but, on making an exploratory puncture, he found that we had to do with a cyst. I have known several instances of the same kind, and whenever one meets, in a woman, with what appears to be an ascites, the cause of which is at all obscure, one ought always to think of the possibility of its proving to be an ovarian cyst.

There exists a symptom which is of considerable assistance in arriving at a correct diagnosis; in a true case of ascites the fluctuation can generally be perceived in the vagina, whereas never anything of the kind occurs in cysts.

The examination of the liquid should also be resorted to for diagnostical purposes. If this liquid becomes blue in the open air it is the product of ascites; but when the liquid, on being left to stand, immediately coagulates, it indicates a dermoid cyst.

Neither should the chemical examination be neglected, for if the liquid contains paralbumen there need be no hesitation in diagnosing an ovarian cyst.

One symptom, which never deceives, is brought out by the examination of the liquid by means of the "centrifugal" apparatus. If you have to do with a liquid of ascitic origin you always obtain a bloody spot resembling sealing wax, such liquid always containing a tinge of blood. On the other hand, I have never seen a red spot in the case of an ovarian liquid. As many times as I have repeated this experiment, it has never failed me.

Now and then when ascites exists conjointly with a cystic affection, particularly when the ovaries are the seat of papillomatous degeneration.

Exploratory punctures of cysts sometimes results in making the radical operation more difficult. It is, therefore, well to abstain from this procedure, and to resort at once to laparotomy.

No Mistake.

New York Weekly.

Stranger—"Good morning, sir. I am Dr. Cureall, the catarrh specialist, and I have never yet failed to cure a defective sense of smell."

Mr. Greatman—"Eh? There is nothing the matter with me."

Stranger—"Strange! Everybody I met told me to come here at once and cure you."

Mr. Greatman—"There must be some mistake. I am Chief Factotem of the Board of Health."

It Comes High.

New Idea.

Mrs. Bawnso—"I regret to learn that your daughter's cough is no better. Of course, you have employed the best medical talent?"

Mrs. Grubstakes—"Oh, yes; no expense has been spared. We now think of trying this new gold cure everybody is talking about."

DR. BEBEE recommends the iodide of lime for croup. He gives it in doses of from one-fourth to one-half grain every hour, or oftener if the symptoms are urgent. It may be triturated with sugar of milk or given in solution.

STEAM from vinegar is claimed to be a good inhalent in bronchial troubles.